

## University of Dundee

### Developing people 2

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# Developing People 2: Evaluating the Impact of Training on Practice

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## Foreword

I am delighted to welcome this research collaboration between Perth & Kinross Council and the University of Dundee, School of Education, Social Work and Community Education, to identify the impact of social care and social work learning on practice.

Perth & Kinross Council makes a significant investment in staff development to meet the challenges of contemporary practice, and other imperatives, including Scottish Social Services Council registration, personalisation, and demographic forecasts. The impact of different types of development opportunities have been evaluated, ranging from short courses to longer term SVQ (Scottish Vocational Qualifications) assessment, and it is, therefore, particularly good to note the positive responses within the study, together with a clear indication that staff value learning, feel supported to learn, and see the benefits in their practice. It is still more pleasing to note the growth of confidence, both in a practical sense, and in the capacity for continuous learning. For the organisation there are huge benefits associated with improvements in practice and service delivery achieved in this way, and I am keen to see this learning culture go from strength to strength.

The study includes the realities of, hopes, anxieties, wishes and achievements associated with learning, and I am pleased to see that the findings strongly indicate positive outcomes in the sense of increased knowledge and skills for participants, as well as developments in practice reported by them, and their managers. Learning organisations have been defined as places where people come together to learn, enhance their capabilities, and progress towards shared goals, and, where learning can happen internally, it is seen as particularly effective. The findings suggest this is a strength in Perth & Kinross Council, as participants have highlighted the diversity of training available to them, to meet their group and individual needs.

I consider this to be an extremely valuable undertaking, particularly at this time of financial challenge, when we must continually strive to improve, and deliver services which are of high quality and cost effective. At this time of year the annual Care Accolades come round, and it is clear to me that this study is very much in line with the award category themes, particularly those of workforce development and

developing practice. I am happy to endorse the publication of this study, and would like to take this opportunity to express my appreciation to everyone who has participated.

David Burke

Executive Director of Housing & Community Care

Perth and Kinross Council

## EXECUTIVE SUMMARY

This evaluation sought to document the impact training had on practice within Perth and Kinross social care workforce. Using Kirkpatrick's framework for evaluating training the researchers looked at four levels of potential impact: the trainee's immediate reaction, the trainee's knowledge and skill increases, changes in behaviour, and impact on service users and the organisation. Research methods included pre- and post-training knowledge inventories, focus groups and interviews with training participants and their managers.

Strong evidence was found of an increase in knowledge and skills for participants as well as important changes in practice as reported by participants, their colleagues and managers.

Key findings highlighted increases in the confidence of trainees following periods of training and the creation by Perth and Kinross of a learning culture within their organisation.

Confidence gain was such that staff had begun to contribute to further development of the learning culture through, for example, modelling good practice, cascading knowledge and peer mentoring.

There was clear evidence of the Council being a learning organisation as described by Senge (1990:3),

*"... where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to learn together."*

Findings also suggested that as a consequence of training, many staff not only gained new skills and knowledge to enhance their practice, but also learned how to learn – and often together within teams. Additionally, a strength for many teams was the diversity of training on offer which met both general and specific requirements and was at times contextually unique.

As a result of the evaluation, the following recommendations were made:

- Continue the investment in training and development for the social care workforce.
- Continue to make available a diverse range of training opportunities both general and specific for individual teams.
- Ensure easy access to internal online Perth and Kinross learning resources, especially to care at home staff and others not office based.
- Continue investment in SVQ2 provision as this qualification acts as a gateway to future learning and development.
- Continue team based approaches to training and development. Training is best implemented in practice when the entire team embraces new ways of training informed practice.
- Ensure practical information regarding job changes and assignments are sufficiently dealt with so that trainees can focus on training.
- Continue to support the workforce to recognise and enhance a culture of learning through the on-going provision of opportunities to share learning widely.



# INTRODUCTION

The past decade has seen a real drive for developing a competent and confident social care workforce. The *Changing Lives* report (Scottish Executive, 2006) became a central document in this push. Other examples include the increased registration requirements for the social care and child care workforces. Local authorities and central government have both invested a lot of money in pushing up standards through the provision of education and training. The increased training and education of the workforce is intrinsically a good thing. However, it is also important that training has a positive impact on social care services. This evaluation was commissioned as a response to the need to evaluate the impact of this investment in training on the workforce and frontline services. This information and analysis was requested by Perth and Kinross Council (the Council) to inform their decisions about further developments around staff training and organisational development.

The overall aim of the evaluation was to evaluate the impact of learning programmes on practice. Essentially, we were interested in assessing if training led to any changes in practice with service users. Secondary aims included:

- Identifying mechanisms that supported trainees learning,
- Exploring what facilitated implementation of learning into practice,
- Documenting the level of knowledge and skill gained as a result of the training,
- Capturing the reaction of and impact on the trainees.

## *Previous Developing People Project*

Prior to engagement on this evaluative project, Perth and Kinross Council had worked closely with the Institute of Research and Innovation in Social Services (IRISS, formerly SIESWE) to complete a pilot project which resulted in the publication of a guide for staff, *Developing People. Case studies illustrating how vocational qualifications have made a positive difference to individuals, the organisation and service delivery* (SIESWE and Perth and Kinross Council, 2006). The current evaluation, though quite different from the previous project, builds on the work of *Developing People*.

*Developing People 1* was based on case study material outlining individual stories of a small group of staff from across the Council who had successfully achieved their Scottish Vocational Qualification (SVQs). The original remit of this previous project was to provide user-friendly materials that would encourage staff, many of whom were reluctant learners, to engage with stories by their peers and consider the benefits of learning.

Participants in case study 1 had all successfully completed their SVQ3 *Children and Young People*. The group worked in an Early Years Resource Team within the Council and had a total of 54 + years of experience in the care sector. They all had previous qualifications (NNEB, HNC) prior to embarking on their SVQ and described themselves as confident in their work practices. From the outset, although they were not averse to learning, most were reluctant to do SVQ3, seeing it only as a requirement for Registration with the Scottish Social Services Council (SSSC). Through the process of successfully achieving their SVQ3, this group dramatically reversed their thinking, advocating the benefits, not only of achieving a qualification, but also and more importantly of 'learning how to learn' within the workplace.

Participants in case-study 2 were community support workers and formed part of a community mental health team with over 30 years collective experience within the care profession. One person had an HNC in Social Care with the others held no formal qualifications. Their motivation to do the SVQ came both from a personal desire to learn coupled with a push from their organisation to gain a qualification. The SVQ route was both a way of not only gaining a qualification for these staff but also a way for them to acquire new knowledge, expertise and credibility to work alongside other disciplines within this specialist field.

## **Results of Developing People 1**

Participant self-evaluation reporting within the Developing People 1 study identified a range of issues including motivation for learning; supports for and barriers to learning and participants' perceptions of improved outcomes.

### Motivation

The results of the Developing People 1 study in relation to motivation highlighted that although the motivation of many of the candidates was often initially low, frequently due to resentment about having to undertake the qualification for registration purposes or fear of returning to learning, it had significantly increased on completion of their training. Reasons given for this change were attributed to the relevance of the learning to their work and a sense of pride, renewed confidence and recognition by the organisation of their achievement.

### Supports for Learning

Candidates were similarly able to clearly identify a wide range of mechanisms that supported their learning which included professional support from the organisation as well as personal support and encouragement from friends and family. Access to computers at work, particularly internet access was seen as a bonus with peers, assessors and team leaders as crucial to successful completion of the qualification.

### Barriers to Learning

Barriers to learning included lack of IT access; lack of supportive materials; lack of recognition in relation to the difficulty for some of returning to study; lack of protected time and reduced opportunity to work with peers across the organisation.

### Improved Outcomes

The study noted that successful learning by an individual within the workplace has the potential to have positive effects on:

- Individuals — their personal achievement, increased confidence and level of knowledge and understanding and ability to do a good job;
- Organisations — by providing a better more competent, confident worker better equipped to produce improved practice which can be shared across organisations;
- Services — which are delivered by the enhanced skills and expertise of the worker providing a more informed, competent service.

Participants clearly identified improved outcomes in their practice, using a wide range of illustrative stories to evidence change.

## ***Moving to the current evaluation***

The early study drew solely on the experiences and perceptions of staff post completion of their programme. It sought to document individual and collective team experiences and perceptions of the impact of the SVQ on their practice as well as identify both barriers and supports to learning. The study was based on two case studies charting the experiences of two separate staff teams and involved a total of 10 individual staff. The current evaluation moves beyond a case study approach and seeks to evaluate using Kirkpatrick's (1994) four different levels of evaluation. In the following sections we will describe the methodology, present our findings, and after a discussion, provide recommendations for further training of the workforce.

## METHODOLOGY

As indicated earlier, the overall aim of the evaluation was to evaluate the impact of learning programmes on practice. Essentially, we were interested in assessing if training led to any changes in practice with service users. Secondary aims included:

- Identifying mechanisms that supported trainees learning,
- Exploring what facilitated implementation of learning into practice,
- Documenting the level of knowledge and skill gained as a result of the training,
- Capturing the reaction of the trainees to the training.

In order to meet these aims, the methodology of the evaluation was founded on Kirkpatrick's (1994) conceptual model for training evaluation. His model suggests that an evaluation should explore outcomes at four different levels:

- |         |  |
|---------|--|
| Level 1 | What is the initial <i>response</i> of participants to the training?                   |
| Level 2 | What have participants actually <i>learned</i> from the training?                      |
| Level 3 | Are participants <i>behaving</i> differently as a result of the training?              |
| Level 4 | Has the training of these participants had the desired <i>result</i> in the workplace? |

In spite of the acclaim Kirkpatrick's model has received and its enduring presence within the field of training evaluation, critics have pointed out significant problems associated with the four levels. Significantly, the Kirkpatrick approach is rarely implemented in its entirety with few evaluation practitioners evaluating the effectiveness of training at Level 3 and 4. One of the reasons for this is that practitioners assume that positive results at Levels 1 and 2 are predictive of positive results at Levels 3 and 4, and as such they do not see the need to evaluate at Levels 3 and 4. Another possible explanation is that evaluating at Levels 3 and 4 is a costly and complex exercise largely attributed to the need to account for intervening variables that may influence or negate the effects of training. Although Kirkpatrick acknowledges the impact of intervening variables, his work provides no real guidance in designing and testing for this impact. Nonetheless, the Kirkpatrick

typology still remains by far the most influential and prevalent approach amongst training professionals. In the absence of viable alternative research-based models, the Kirkpatrick model can still serve as a point of departure in any attempt at communicating understandings about the effectiveness of a given training programme.

Even though there has been an increased focus on “what works” and outcome evaluation, there is often little attention paid to levels 3 and 4 when evaluating training and education programmes. A major methodological problem with much education and training evaluation lies in its reliance on self-reports. There are difficulties arising from this in the reliability and validity of data and the robustness of instruments used for their collection (Baginsky and MacPherson, 2005). These self-report measures are also criticised as they remain, by and large, at levels 1 and 2. Hicks and Hennessy (2001) propose that using observable performance outcomes may be a better way of determining the transfer of learning to practice. However, assessing changes at Kirkpatrick’s levels 3 and 4, as Hicks and Hennessy suggest, can be difficult and expensive to do in the workplace. However, despite the difficulties we wished to document changes at levels 3 and 4. As such, this evaluation was designed to gather information that could document changes in the workplace without resorting to expensive or time intensive methods. The methods used across the four levels are described below.

## ***Research Methods***

Data were collected through the use of questionnaires administered before and after training, focus groups and interviews with participants and managers of participants. Focus groups and interviews were completed several months after the training was completed. Semi-structured focus groups and interviews were recorded and transcribed. The use of the different data collection methods across all four of Kirkpatrick’s framework is described below:

*Levels 1 and 2 - What was the initial response of participants to the training and what the participants actually learned from the training?*

All trainees participating in the evaluation were asked to complete pre- and post-training questionnaires. At pre-training the respondents were asked to indicate if they expected to learn new knowledge and skills or to change their practice after the

training. If they responded positively they were asked to indicate what they thought they might learn and what changes they may make to their practice. These open ended responses allowed for the assessment of attitudes and expectations of training. At post-training participants were asked to indicate the actual knowledge and skills they learned and how they had changed their practice. In addition, they completed the same knowledge inventory.

The knowledge inventories allowed for a comparison of the change in the number of correct responses from pre-training to post-training. These results can serve as a measure of learning. The open ended responses to the questions regarding what knowledge and skills were learned also allowed for the researchers to gauge what knowledge and skills (by self-report) were learned in the training.

In the participant interviews and focus groups, participants were asked, again, to identify what they learned in the training as well as to discuss what they thought about the training. These questions allowed for an analysis of the reaction to the training.

Finally, managers were asked to comment on what they thought their employees learned from the training. Though this question remained focused on data at the second level of Kirkpatrick's framework, it moved away from self-report measures and gathered more objective data.

### Level 3 - Are participants behaving differently as a result of the training?

The post-training questionnaires were administered at different periods post-training. Some were administered immediately after discrete and short training courses were completed (e.g. Moving and Handling). As such these immediately completed questionnaires do not allow us to answer the question about actual change in behaviour in practice – only intended changes. However, questionnaires from the SVQ participants do allow for changes in practice to be documented. The SVQ training takes place over a considerable period of time (e.g. 6-12 months for SVQ2). Participants discussed changes in their practice that occurred through the SVQ process.

Focus groups and interviews with participants were designed so that participants could describe changes in actual practice and to give concrete examples. This

included follow up questions regarding any changes service users, colleagues or managers may have noticed. Managers were asked to discuss any changes they noticed in their employees after the training.

#### Level 4 - Has the training of these participants had the desired result in the workplace?

Change in how participants practised was a desired result and partially addressed in the Level 3 discussion above. Other questions featured in the focus groups and interviews to gain insight into other desired outcomes at the organisational or workplace level. This included questions concerning increased individual efficiency and productivity, as well as questions about impact on the teams in which people worked.

#### Barriers and supports to learning and implementation

In addition to the 4 levels identified by Kirkpatrick, we were also interested in examining the barriers and supports to both learning and to the implementation of knowledge gained into the world of practice. Focus group and interview questions addressed these areas of interest.

### **Data Analysis**

Questionnaire data were entered into Microsoft Access for ease of entry and data cleaning. The number of correct answers to the knowledge inventory was recorded for each participant at both pre-and post-training. The closed questions were then exported into SPSS for analysis. Descriptive statistics were used to summarise the data and a *t*-test was calculated to compare changes over time in the number of correct responses. It was hypothesised that an increase in knowledge would be found, as such a single-tailed, paired sample *t*-test was used.

Responses from the open-ended responses were exported into N-Vivo qualitative data analysis software. Responses were thematically coded and the codes were cross-checked by co-researchers to promote what Guba and Lincoln (1994) describe as the credibility of data analysis. Thematic analysis followed a three step process. First the text was read through to increase familiarity with the raw data. Next the data were coded using questionnaire headings as an initial coding framework (e.g. pre-course expectations in the areas of knowledge, practice and skill and post-course

changes in knowledge, skills or practice. Third, the codes were examined and refined for conceptual clarity.

Interviews and focus groups were audio recorded and then professionally transcribed. The transcriptions were checked against the audio recordings to ensure accuracy of transcribing process. Listening to the digital recordings while reading the transcripts, immersed the researchers into the data. The transcripts were then imported into N-Vivo for analysis. The thematic codes from the questionnaires became the starting point for the thematic content analysis of the transcripts. Additional themes and concepts emerged from the transcripts and were added into the coding matrix. Other themes emerged from the nature of the semi-structured interview guides (e.g. barriers and supports). Again, the codes were cross-checked by the co-researchers, and then refined for conceptual clarity.

All qualitative data were coded by participant type (manager or trainee) as well as by course (Child protection, Moving and Handling, Palliative Care, Reablement, SVQ 2, SVQ 3, SVQ 4, or mixed (more than one course)). Data were analysed across all groups as well as by comparing responses across participant type and course.



## RESULTS

### *Participants*

In total 107 people completed pre- and post-training questionnaires across 7 different training courses. Table 1 illustrates the number of participants in each course type.

**Table 1: Respondents by Course**

Course	N	Percentage
Child Protection	22	20.6%
Moving and Handling	15	14.0%
Reablement	33	30.8%
SVQ 2	16	15.0%
SVQ 3	8	7.5%
SVQ 4	3	2.8%
Palliative Care	10	9.3%
Totals	107	100%

Numerous focus groups were scheduled, however only two focus groups were successfully held - one in a rural area and the other within a city centre. Sixteen trainees and two managers participated in the focus groups. Participants found it difficult to attend focus groups despite scheduling them at different times and different locations. Telephone interviews were arranged as an alternative. An additional 7 participants were interviewed (5 managers and 2 trainees).

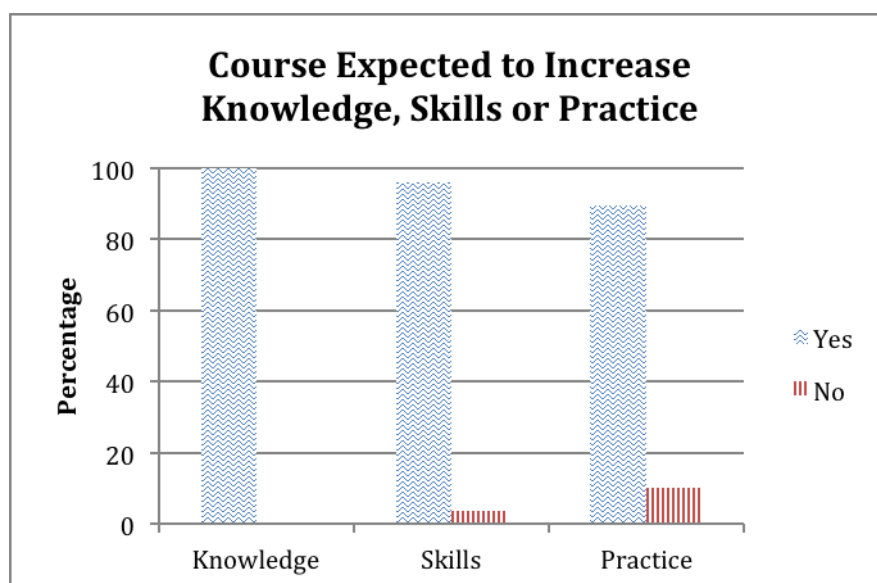
### *Knowledge Gains*

Each questionnaire included sections for open ended responses to questions asking about expectations, skills and knowledge as well as a knowledge inventory specific to the course to be taken. Depending on the particular course, these knowledge inventories had between 8 and 12 questions. The average number of correct response at pre-training was 8.81 (sd=2.4) and at post-training it was 9.46 (sd=2.4), indicating an increase in the number of correct responses of 0.65 responses. This difference was

statistically significant (single tailed, paired t test;  $t=1.84$ ,  $df=36$ ). The limited increase in the number of correct answers, in real terms, can be explained by the very high number of correct responses at the pre-training. This indicates that either the knowledge inventories were too basic and/or the participants came to the courses with a basic understanding and knowledge of the topic. Reablement and palliative care showed the greatest increases, but as these appeared to be new areas for many of the participants, this makes sense.

### ***Expectations of Training***

Kirkpatrick would suggest that the expectations learners have about an educational activity can impact on the learning experience. As can be seen in Figure 1, the participants in the training courses had very positive expectations about the learning across all training courses studied in this evaluation. At least 90% of participants expected that the training would improve their knowledge and skills and lead to a change in practice.



**Figure 1: Participants Expectation that Course Would Increase Their Knowledge, Skills or Change Practice**

### **Expectations - Knowledge**

Qualitative analysis of the open-ended questions found that participants were fairly clear about the types of knowledge they expected to gain from the training. For example 48 participants reported that they expected to receive up to date knowledge regarding the course subject. Participant 51 illustrates this expectation, “*up to date*

*information on the use of mechanical lifting mechanisms, health and safety of the client and yourself."* Another important expectation for participants revolved around learning proper procedures and practices. These appeared to be most important for those taking the reablement course and child protection course. As many of the reablement participants were about to start a new reablement service the week following the training, the preoccupation with wanting to learn procedures is understandable. For example, one participant stated, *"I am hoping that I will learn the correct procedures in order to help the service user to reach their goals."* (Participant 8). The reablement participants were also concerned about learning about the new role. For example, Participant 102 stated that she wanted to learn, *"....a bit more knowledge on the practices of reablement and what my role is."*

### **Expectations - Skills**

Participants were also fairly clear about the skills they expected to learn in the training courses. They typically identified service user focused skills related to the subject of the training course (e.g. moving and handling skills, reablement skills) or with skills for organisational working (e.g. interdisciplinary work, teamwork, etc.).

### **Expectations – Changes to Practice**

The participants also expected that the training would change their practice in some way. Many of the expected changes were specific to the training course. For example, participant 95 stated that she expected her practice to change such that she would, *"be able to encourage clients to be more independent so that they can do a lot more for themselves to promote their confidence."* This comment was typical of the changes to practice expected from participants in reablement. Participants from other courses had similar course specific expectation. For example, a participant from the child protection course exemplifies the changes to practice expected from being involved in the course. *"To be more alert to child protection. What the issues are and how to help protect vulnerable children in my role as social care officer"* (Participant 78).

Some expected changes to practice behaviour were not specific to the content area, per se, but were concerned with following proper procedures or guidelines, as was also found in knowledge expectations. For example, when asked how they thought their practice would change as a result of the training, participants said things such as:

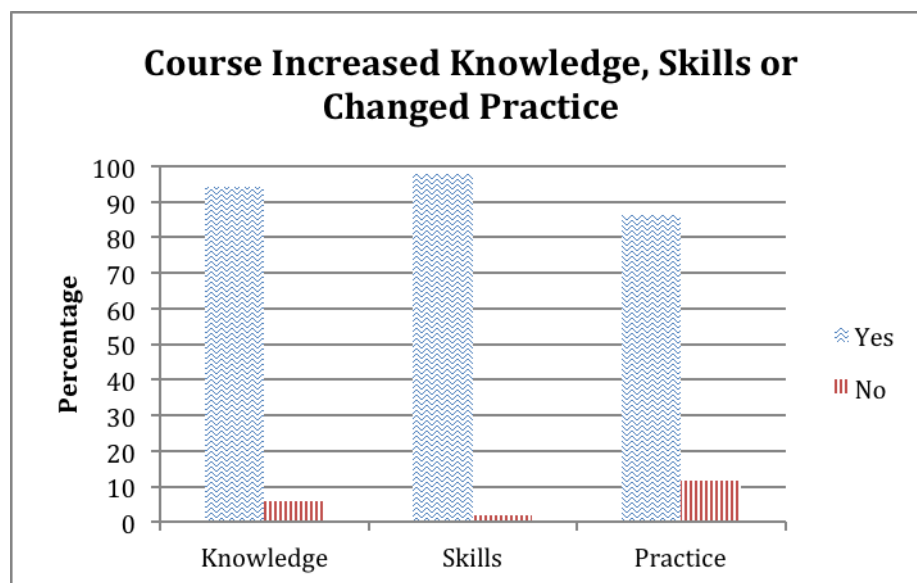
*I will follow guidelines* Participant 29

*I will lift and carry out techniques properly, Participant 57*

*Completing documentation correctly, Participant 1*

### ***Impact of Training on Knowledge, Skills and Practice***

After the training, participants were asked if the course increased their knowledge and skills or changed their practice in any way. From Figure 2 we can see that the reaction and experience of the courses met the high expectations that participants had prior to the training. Over 90% of respondents indicated that their knowledge and skills were positively impacted by the training. Importantly, 86% indicated that they had changed their practice as a result of the training.



**Figure 2: Course Increased Knowledge, Skills or Changed Practice**

The participants overwhelmingly reported in the closed questions that the courses did increase their knowledge and skills, as well as influence changes in their practice. The qualitative data from both the questionnaires and focus groups/interviews supports the findings from the questionnaire. The findings for knowledge, skill and change in practice are described below.

#### **Increased Knowledge**

Participants reported that their knowledge increased in three different areas: contextual knowledge, knowledge related to interventions or approaches to practice and theoretical knowledge.

### Contextual knowledge

Contextual knowledge included the background knowledge or subject specific knowledge required to work in particular areas or with particular populations. For example, participants across a range of courses described an increase in the knowledge of legislation in their particular area.

*As mentioned above I feel I have gained a greater understanding of legislation, policies and practice and as such I feel I have changed my existing skills and gained new ones to reflect this learning (i.e.) to become more aware of data protection and safe guarding of information. (post-training questionnaire, legislation.)*

*A lot more about the law, I found the more ins and outs, the things that are in place for it, you probably wouldn't think about it on a day to day basis, but actual learning of what the laws are for and why we are doing it a specific way, that's why I found it interesting, that's a big thing for me, the law section (rural focus group, legislation)*

Other contextual knowledge related to care standards, policies and procedures. Participants reported an increased knowledge of these areas and how they impacted upon their practice.

*From the SVQ, it was really learning about policies and procedures, looking at the job on a day-to-day basis. It helped us become more reflective. It gave us a reflective approach. So, I would say it was things about increasing our knowledge. (manager 3, standard.)*

*I developed my understanding of PKC organisational policies and increased my awareness of Health and Safety and how to develop and maintain safe working practices in the working environment. (post-training questionnaire.)*

Other examples of increases in contextual knowledge were reported in terms of adult protection, child protection, resources, dementia, and knowledge of one's own job or roles.

### Interventions or approaches to practice

Participants also reported increased knowledge concerning interventions or approaches to practice. These included moving and handling interventions, person

centred approaches, the use of smart objectives/task analysis required for reablement approaches, as well as specific interventions and models of change.

*"I think you have to be given a choice because in life, life is full of choices, not you have to do this and this is what the SVQ does, emphasis the fact that you allow the child to have an input into what they're doing and what happens at the meeting and you know.*

*It's the same with adult care, the SVQ3 really makes you ...think. (laughter).*  
(central area focus group, person centred approaches)

*"Prochaska & DiClemente model of change. Carl Rogers good information for SVQ or HNC also SMART objectives is a useful tool which I will use in the future."* (post-training questionnaire, reablement)

*Up to date information on handling and moving from a theoretical, practical and legal aspect.* (post-training questionnaire, moving and handling)

#### *Theoretical knowledge and the whys of practice*

Another important type of knowledge gain was conceptualised as theoretical knowledge and the whys of practice. Participants described new theories that were relevant to their practice (e.g. Maslow, Erikson, Models of Change). In addition, many participants described having learned new information that explained why they had to practice in certain ways.

*I now know why I do the things, not just doing them because!* (post-training questionnaire, why)

*Why we are doing this, it's not a case of it's something I have to do, it's a case of a better understanding of why they are doing it as well and you know they have the knowledge to carry it through.* (rural focus group, why)

*...communication, good eye contact, why it's important to speak more clearly, etc. and understanding of why we're doing what we're doing. It has really raised awareness about a lot of issues and a lot of different ways of working.* (rural focus group, why)

### Positive and negative aspects of knowledge acquisition

Participants described both positive and negative aspects regarding knowledge acquisition. Positively, participants liked how the training built on or refreshed their existing knowledge base. On a less positive note, some participants wanted more information and knowledge.

*To a degree, but not enough input as to what is expected from me on my first day (post-training questionnaire, wanted more information)*

*Not enough info on what is expected in our new role. (post-training questionnaire, wanted more information)*

This desire for more information primarily arose from the reablement courses in which participants were about to engage in a new service. Some participants reported enjoying the course and learning from it, but they appeared anxious about not being fully prepared for the change, especially around practical issues. However as will be seen later, on follow-up participants described many positive changes in their reablement practice despite this initial anxiety.

### Managers' and colleagues' experiences of increased knowledge within their teams

Managers were asked if they had noticed any increase in the knowledge base of the people they supervised. In addition, focus group participants volunteered examples of changes in other people's knowledge.

*I think it has been as E feels more confident. Consolidated more of her knowledge. You see the wee light bulb click! – she says 'Yeah I know that' but actually writing it and getting that level of understanding 'is great.'*  
(manager 2, reaction knowledge)

*Beginning to use new words and phrases. Backed up by knowledge from course. You can see confidence in using new knowledge. e.g. a couple of times she has brought issues about service users into team meeting (multi-disciplinary) agenda and naming issues and seeking out others to do assessment e.g. service user in hospital. Very good at coming back and developing systems. Being specific rather than just saying something is not right – links to theories of depression for example. She seems to now say this is evidence I am basing opinion on. (manager 2, reaction knowledge)*

From the managers comments we can see that knowledge gains were carried into practice. This moves beyond participant self-report and provides evidence at Levels 3 and 4 in Kilpatrick's evaluation framework. This includes changes to behaviours and practice within the workplace.

### **Increased Skills**

Following on from questions regarding increases in knowledge due to the training, participants were asked in questionnaires, focus groups and interviews to describe the skills that they learned in the training. Participants described an incredible array of skills that they learned within the various training courses. The skills fell broadly within three different categories. There were skills for managing one's self, organisational skills, and service user focused skills.

#### *Managing One's self*

This category of skills involved actions that helped participants carry out their tasks or practice. This included basic technical skills such as computer skills. A number of participants reported being computer illiterate or functionally illiterate in their ICT skills. However, the SVQ training required them to tackle their fears and learn to use a computer. For example, participant 39 stated, "*I have learned to use a computer and to stop saying I can't do it.*" As will be seen later, this had a knock on effect in several other areas including confidence.

Other participants described an increase in the skills of reflection. For some this was an entirely new skill. For others the courses reminded them of the importance of reflection and "forced" them to engage with reflection, thereby improving their competence in reflection. We will return to this theme when changes to practice are described, as it is a major finding in that section.

#### *Organisational Skills*

Another set of skills that participants described involved what were classified as organisational skills. These skills were required for effective functioning within agencies. This included documentation skills and report writing, approaches to data protection, and how to follow some policies and procedures.



*...giving clear accurate accounts when filling in incidents or reports. Dating and signing all documents. (participant 37)*

*As mentioned above I feel I have gained a greater understanding of legislation, policies and practice and as such I feel I have changed my existing skills and gained new ones to reflect this learning (i.e.) to become more aware of data protection and safe guarding of information. (participant 40)*

*I feel that I have the knowledge to enhance my role of HCO and ensure that I adhere to the policy and procedures. (participant 45)*

*By completing my reflective accounts this gave me experience for writing reports for LAC reviews, etc. Realising the roles and responsibilities of other professionals enabling me to communicate more effectively. (participant 47)*

### Service User Focussed Skills

By far the largest number of skills acquired fell into the category of service user focused skills. These were skills that were used directly with service users as opposed to organisational or self skills described above. Many of the skills were directly related to the particular course participants had taken (e.g. moving and handling skills/techniques, reablement skills). Other skills were more generic and not necessarily related to a specific course (e.g., communication skills, assessment skills, advocacy skills).

*...to use of the slide sheet with the sling to protect clients skin. (participant 49)*

*Understanding how to use skills in reablement from breaking down tasks as seen from service users' needs. (participant 18)*

*...communication needs of clients and different forms of communicating information. (participant 43)*

*Going back to an admission when someone is coming in, you are able to start it off now whereas, you go through the whole process the different parts of it, sort of handing it over, we've done our bit, here's your bit, you've can actually do the whole thing, you've got it from start and see it right through, everything is covered from the care plan assessments, medication, doing the whole package then. (rural focus group, assessment)*

## Changes in Practice

In the previous sections, we reported on what participants indicated they learned in terms of knowledge and skills. As important as these two areas are, we were more interested in how this increase in knowledge and skills would be put into practice. In essence, we were interested in any changes to their practice. As such, they were also asked to describe actual changes they made to their practice post-training. This section describes those self-reported changes in practice. Changes in practice fell into the same three categories as skill acquisition described above. This includes changes in self practice, changes in organisational practice, and changes in direct practice with service users.

### Changes in self-practice

The most commonly cited change in self practice involved self-reflection. Participants reported changes in the way they reflected on their own practice. Given the focus of the SVQ training, this finding is not surprising.

*Well, you think reflectively obviously because it's teaching you and you know the client that you work with so you can best try and figure out how to best suit them to get them to understand the choices in a way that would suit them, you know what I mean, so.*

*The course really makes you reflect a lot and to reflect on your practice, good and bad, yes, could I have done that differently, could I have done that.. (yeah, yeah, yeah) The course makes you do that. Definitely. (central area focus group, reflection improved)*

In addition to improved reflection, participants described changes in their self-management that can best be described as more professional practice. This includes increased productivity, responsibility, better time management, and changing one's thinking. The interchange between several colleagues in one focus group captures this increase in professional practice:

*Yes, I noticed you two, (pointing and laughter.  
they will probably say we don't know her (laughter)  
It's all a good thing you are far more professional and not realising .....*

*I think that, I don't mean it to sound disrespectful but you realise that you were a social practitioner it was a professional job that you were doing...*

*...I think you realise though that it was a professional job, it wasn't just like you know, I'm going in and making soup for whoever or whatever, it was a professional job that you were still doing. I think the SVQ gave that to you, you realised it was quite an important role that you were doing. (central area focus group, act professionally)*

Other participants described an increased productivity in their practice.

*Definitely, I think it's made us able to do more, not just a case of just like going in and doing the wing, we are probably more capable now of doing, tackling more tasks, office based, you know, to try and take the pressure off the seniors as well, Definitely, I mean. (central area focus group, increased productivity)*

Participants also described an increased sense of autonomy and responsibility. The following focus group interchange demonstrates how participants recognise when something needs to be done on behalf of a service user and they now feel able to take responsibility and act, rather than go to others to do it for them.

*I would say that now that you have completed the training, say that for example, there was a resident needing, complaining about being ill and whatnot so you find out that the staff, they would go and make the appointment, they would arrange for the client to go to the doctor if there is a hospital appointment, they would arrange for them to go to the hospital appointment as well so in that way they are actually completing the whole task rather than staff coming to the office and saying well, so and so is not well can you arrange the doctor.*

*Yes they are taking an awful lot more responsibility.*

*The staff will just come and say to the senior, so and so is needing a doctor, end of story, they are actually taking responsibility for the whole process then.*

*Absolutely, and that's not just about confidence is it, it's about having a belief in your ability, a recognition that you do have the knowledge and the skills to be able to do that? (central area focus group, increased responsibility 1)*

Another change in self-practice relates to applying knowledge to practice. This is related to behaving more professionally, as one hallmark of professionalism is using knowledge in practice, rather than a technical approach. The following quote from a focus group beautifully illustrates this change in thinking and application of knowledge in practice.

*Yes. I think SVQ3 does that because you're doing laws, you're doing everything I think it does open you mind and oh, that's why you're doing it, I just thought they told us to do it ..... laughter ..... theories as well, if somebody would have told me a couple of years ago that I would have been looking up theories on the internet, I'd have said, What's a theory? A thing you do your cooking with? Then reading and understanding the theories, you know Erikson's law, that's the one I'm thinking of, wow that really makes sense, I'm actually understanding it, absolutely, yeh right. That's just a triangle, isn't it pretty, why is it coloured differently? Yes yes, whereas now, you really see it, yes. (rural focus group, looking at things differently)*

### Managers and Colleagues Views of changes in self practice

Managers and colleagues confirm many of the changes in self practice that participants reported. This was especially noted for managers in the areas of acting more professionally, taking more responsibility, autonomy and being more productive. For example, one manager reported that his employee was eager and volunteering to take on new cases now, whereas before the training she would be reluctant to take on cases. This manager also described other colleagues noticing a change in professional behaviour.

*Other staff members are not coming to me directly and saying 'she's changed' but rather saying 'oh listen to her! She's the woman who couldn't say no'. They feel now confident in asking her to cover for them and they wouldn't do that before. They would have been more reticent before, not wanting to 'land her with it'. (change in them – more professional approach - manager 2)*

### Changes in Organisational Practice

Participants described changes in how they documented their practice after participating in the training. Participants indicated that their documentation and writing skills improved as a result of the training. The SVQ training involves numerous writing tasks, so improvement in writing skills makes sense.

*For me, I have been doing a little bit of helping out in the office, so for me doing my SVQ, it has given me a little more experience to know why that side of the office works as well as the floor works, I've a little more confidence that way as well so I know, like yourself, I know which forms to get like when clients come in on respite I know how to do that sort of thing, whereas I didn't know, we would fill in the form on our side, the floor side, then there is stuff on the office side that has to be done so I know now how to complete that, so it's a little more experience that way and a little more confidence in dealing in*

*situations as well, as you say, knowing why we do it that specific way, we do it because we do it, this is why we do it. (rural focus group, documentation)*

Participant 46 nicely describes several of the changes in organisational practice that others also report.

*I believe my practice has improved as I make a conscious effort to be more organised and take time to research and prepare for work responsibilities, for example, service developments, meetings and budget requests. I understand the need for change and the effect that this has on service users, carers and staff. I look more in depth into situations and the reasons why people act, say or behave in certain circumstances, I identify strengths and use positive affirmation. I feel more confident in making decisions and listening and working with other agencies in promoting inclusion, choice and the wellbeing of service users*

Here we can see time management, team working, more professional approach to practice, interagency working – all important organisational skills.

#### Improved Practice with Service Users

Participants and their managers gave numerous examples concerning how direct practice with service users had improved as a result of the training. Some of the changes in practice were directly related to training topics. Participants were able to describe what they learned in the training and to give examples of how their practice changed as a result (e.g. reablement implementation).

*I'll give you a very brief example, we had one of our clients who had been into hospital and she came out and one of our staff members had phoned us and instantly said Oh we need another set of hands down here, we can't do anything down here because this person can't do anything for themselves so one of our staff members went away down there and said, just leave it, you just need to get her to do this by herself and it took two hours to get that lady out of bed but it proved to that staff member that you don't need another set of hands you just need patience and time to be able to get her up. (central area focus group, reablement)*

*breakdown the tasks for my clients. Empower the client. Praise and encourage. (participant 102)*

Other changes to practice were generic and cut across courses. For example, participants across various courses reported that the training helped them to begin

to practice in a more person centred way.

*Like that thing that I'm working on just now with a person centred approach. Any of the staff can go into a client's room and they would know exactly what the client wants, the client's preferences just what they are doing from the time they are swinging their legs out of the bed in the morning, the process for everything till they come through for breakfast. Like "I don't like my hair brushed until I am going out the door" or the lady who likes her blanket over her shoulder at bedtime and the pillow a certain way so they have more understanding of all the client's preferences, because they are the focus here. (rural focus group)*

*I listen more and more considerate to the client's needs. (participant 30)*

Other participants from different courses described how the training led to improvements in their communication skills with service users.

*It actually makes you realise that you are doing a lot more than you would think, the likes of communications asking you different ways of communicating and sometimes you don't think that even by reading them a story and by playing games or anything like that is communication but it is and when you are doing your SVQ it'll ask you to give examples of communicating different ways and it does it makes you think and you'll realise that you are actually doing it without knowing it. (central area focus group, communication)*

*in dementia... communication, good eye contact, why it's important to speak more clearly, etc. and understanding of why we're doing what we're doing. (manager 3, communication)*

Participants from various courses also described the benefits of applying the training and theories to practice.

*I feel that I am more aware of the theories behind my practice and this enhances good practice within my role. (participant 45)*

*It opens your mind, it really does, whereas before if we didn't have the calm training and things like that, you just wouldn't understand why the person is behaving like this whereas now, you think, I am, I'll walk away and get [name] to do it. You know you just say, I'm the trigger point I'm reminding her of somebody probably in the past they didn't get on with so [name] will deal with that client and I'll go and deal with one of her clients on her wing so it does make you more aware, whereas before you would try to work it out and try*

*and understand why she is doing it and you might just end up making the situation worse, whereas you didn't realise before that you are actually the trigger point and you need to come away and stop what you are doing and ask somebody else. Tomorrow you won't be the trigger point so you don't take it personally, it's just the way that they are that day and the next day they are a totally different person. (rural focus group, applying training)*

*I just think sometimes in practice it is very difficult to put into practice with some people because if you've got a 6 foot man that's built – there's no way that you can sometimes handle them the way you're maybe meant to handle them, it is a case of like do what you can, the best way that you can.*

*When you go on the course, it really does make you aware and think so if you get put into a situation you're not sure of you do, (you stop and you think) yeah, right, ok I've been trained to do this, or I'm not doing that and you know you are well within your rights. (central area focus group, applying training)*

*The most useful example that I can think of again is moving and handling, just towards the end of the course we started to use equipment which you wouldn't normally use in a social care officer's role and it just so happened that I had to go out for a community alarm one evening to rescue a chap who managed to get himself wedged in a corner, there was a fireplace which complicated issues so nobody could get in behind him and it was difficult to get underneath him because he was so heavy, he must have been about 16 or 17 stone or something like that so when we got this thing, I can't remember the name of it for the life of me.*

*An anchor chair??*

*And it's got several layers, an inflatable cushion, well that thing I never thought I'd ever use it but there we are we were out there and although it took us a wee while because I don't think my colleague knew what they were doing with it either, they didn't use it very often, it did work, it was really, from that point it was something I came across, the moving and handling course actually turned out to be very useful at the end of the day. (central area focus group, applying training)*

Still others reported that the training helped them better understand the service users they were working with. This increased understanding changed their practice.

*So gaining new knowledge and understanding does actually change your behaviour.*

*Yes totally, yes.*

*You are more aware, you know why or you have a better understanding why that client is perhaps acting that way that you may remind them of somebody, that they didn't get on with, yes. (rural focus group)*

A range of other changes in practice were identified by smaller numbers of participants. These ranged from descriptions of more holistic approaches, to palliative care skills, to improved assessments and care plans.

### Managers' Views on Changes to Practice

Managers readily identified changes to practice following the training received by their employees. These included descriptions of improved practice in person centred approaches, increased productivity, acting more professionally, completing better assessments, and applying theory and training to practice.

*In a senior post and being supervisor to the staff, we can see the benefits because the staff are more aware when they are discussing something if they have been arranging something they are able to put more information in to it because they have a better understanding of why they are actually doing something, I've done this because of whatever it is. (rural focus group)*

*...they carry their duties more professionally, in a more professional manner....I can see [in this employee] that she has [taken the training on board. (manager 1, reaction practice manager)*

*She's happier to accept new referrals. Maybe in allocation meetings before, she was more prone not take the case on. As manger I would have had to go to her and encourage her to take cases on. (but not now). (manager 2, reaction practice)*

*She's doing what she should be doing.....much more able to relate new learning to client group. (manager 2, reaction manager)*

### **Impact of Training on Confidence**

The issue of confidence was raised by participants throughout this study in pre- and post- training questionnaires, focus groups and individual interviews. It was overwhelmingly the key issue that outweighed all other issues identified by participants throughout the study. Within the analysis of participant feedback, this issue was raised 72 times.



Participants within pre-training questionnaires tended to identify an expectation that acquiring new knowledge and practice skills would raise their confidence levels. Examples of these included general skills such as communication, risk assessment, organisational and inter-professional collaboration. Additionally, they described very specific skills such as improved decision making, record keeping and teamwork. Context specific new knowledge such as improved understanding about child protection, dementia and current legislation was also identified as key to building confidence. Many participants noted their expectation was that the training would simply raise their confidence levels generally.

The findings from pre-training questionnaires suggested participants had very clear, yet generalised expectations about increased confidence levels making such comments as:

*To give me the confidence that I will be able to fulfil my role (confidence, pre-training questionnaire)*

*More confident to perform my duties (confidence, pre-training questionnaire)*

*More confident in my own abilities (confidence, pre-training questionnaire)*

Within post-training questionnaires participants were generally more specific about their expectations of confidence gain. The language used within post-training questionnaires was richer, with participants providing clear links to both the theory and practice they had learned during the training and its potential application in their workplace,

*It helped me become more confident in my reflective practice and by gaining feedback from my colleagues on my own skills and abilities, was able to enhance and develop the skills I had already attained. This then impacted on the client group I worked with, by giving me confidence to handle any situation I encounter. (confidence, post-training questionnaire)*

One participant captured a very practical aspect of learning which had clearly given them confidence in their own ability which they may never have learned had they not embarked on a programme of learning,

*I have learned to use a computer and to stop saying I can't do it.' (confidence, post-training questionnaire)*

A few participants had expectations that training would improve their practice and identified this through their increased confidence to work with service users in ways that were better informed and more skilled,

*I will have more confidence and clients will see this. This will make the experience safer for myself and client (confidence, post-training questionnaire)*

and

*I feel more confident in making decisions and liaising and working with other agencies in promoting inclusion, choice and the wellbeing of service users (confidence, post-training questionnaire)*

Whilst confidence was raised as a positive expectation or defined outcome by the majority of participants, pre-and post-training, the findings suggest their confidence levels varied and were ascribed to different training outcomes. Participants reported their confidence was raised largely in the areas of self-awareness; improved practice; new knowledge acquisition and new skill acquisition. Whilst all these areas are overlapping, we have separated them within this report to provide greater clarity.

### **Confidence in Self**

Participants talked about the training helping them become self-aware, which helped them understand things from their own and others' perspectives. One manager highlighted how she had become more selfconfident by doing the training and this has impacted on the way she relates to staff.

*Everyone learns differently and I've learned too from the training that it's important that if I'm dealing with staff, that I treat everyone equally, but individually, and I've certainly found that the training has built up my own self-confidence. (confidence, individual interview – manager 3)*

Many people talked about their own or others' increased ability to step back and see practice with a new lens or from a fresh perspective. For some this was articulated as improved reflection whilst others described a quiet confidence that showed in the everyday work on a unit or in a team. One manager talked about a staff member who had received recent training, attributing her new behaviour (ability to step back and diffuse a potentially explosive situation) with service users to what she had learned on the training. This improved practice was identified clearly as of benefit to service users.

*I think maybe there's much to see and I think she'd just been...I think she's much more confident in herself as well. But the way that she works with this particular person and...it just really raised awareness a lot more, I think and she's also able to diffuse situations because something's just going to go off and when...she is able to sort of step back and just re-evaluate and look at it from a different point of view. (confidence, individual interview – A)*

Another area where a manager identified a positive change in the confidence and practice of a staff member following training was in relation to their growing knowledge and expertise such that they were called upon for advice by others. This was described as a direct consequence of doing an SVQ where the staff member gained significant new knowledge and gained in self-confidence so they felt able to impart this with confidence to others.

*gives her sense of confidence as being asked opinion/advice etc. Expertise building up which helps (confidence, individual interview – manager 2)*

Finally, there were references to high levels of confidence where participants reported they could recognise their own skill or ability level and know when to say no if they felt they were not qualified to do something or they felt it was not appropriate.

*...I might not be person but know I can pass on to others....More open; confident; OK to say I wouldn't be comfortable doing that (confidence, individual interview – manager 2)*

This ability to self-monitor supports safe work practices across the workplace and indicates a good level of self-awareness.

### **Confidence to Improve Practice**

As seen in the examples above, the issue about improved practice was fundamental to managers, which might be expected as they have this responsibility in relation to their staff inherent within their role. What the findings also showed us was that participants across the study were not only concerned about enhancing their practice but were also able to recognise changes in their own and others' behaviour, practice and skill levels following training. Many participants described new practices which

they attributed directly to their experiences and new learning gained during training courses. Some of the changes were practical such as being able to complete forms more competently.

*I don't like filling in forms and I always said to myself that I would never go in the office and now I'm more confident in paperwork, what I'm doing and why I'm doing it, I still don't want to go in the office but I am more confident (confidence, rural focus group)*

Whilst others were more about their direct practise with service users.

*Whereas before you really worried about medication and things like that, you really are more confident and you are dealing with the different clients because you seem to know more about them. (confidence, rural focus group)*

The following quote from a member of a focus group summed up the view that not only can training offer new skills, knowledge and approaches to help improve practice, but also through doing this, it can instil greater confidence in staff to do their job more effectively.

*I would say just now mostly palliative care because a lot of the staff have completed that training, we are actually able to provide more palliative care with support from the district nurses and the staff have more confidence at being able to do that rather than saying that somebody is needing palliative care and got to move on to somewhere else, we can actually, wherever possible we could actually provide that here. (confidence, rural focus group)*

There appeared to be a thread running through many responses from participants about training providing them with a greater overview of their work which helped them locate the part they then had to play in the whole picture. This strategic perspective seems to have been present in a range of training programmes and was described by participants as providing them with greater confidence. For some people this was expressed as an acknowledgement that they were part of a wider team.

*It's everybody's responsibility, you know rather than saying that's not part of my job, yes yes, it's everybody. (confidence, rural focus group)*

For others it had the potential to improve outcomes for service users as indicated in the quote below, where the staff member recognised the value of having the knowledge, skill, confidence and wider perspective to impact on the whole care process for them:

*A little more confidence, a little bit more readily to do more paperwork, you know when a client has been admitted, we can do more of the whole process and we get to see it from start to finish rather than saying I've done my bit, there you go. Its more confidence to actually complete the whole thing and start gathering information about the client if it's a new client, gathering all the information, helping with the risk assessments, the contacts, you know it's not just getting their clothing lists what they brought in with them, it's the whole picture not just a little bit of when the client came in, it's the whole package really. (confidence, rural focus group)*

One participant recognised the enormity of the caring task, acknowledging that confidence can be hard won yet worthwhile with training playing a part in this process:

*It's a tricky job to do and doing it right all of the time is difficult. Then you do it all from my way of thinking, I do it the best I can and I know I don't, I'm still learning so I mean I'll have a long time before I feel like I'm totally confident, with all this learning....' (confidence, central area focus group).*

### **Confidence through New Knowledge**

Many participants and managers described their new found confidence as having come from the acquisition of new knowledge learned through training they had undertaken. This was sometimes described as knowledge about themselves such as becoming more self-aware, being able to better reflect on their practice or understanding more about their own behaviour or attitudes. It was also described as context specific knowledge such as gaining knowledge about, for example, childcare legislation, dementia or moving and handling practices. Lastly, participants talked about confidence through knowledge acquisition being in relation to more general topics such as communication, organisation and collaboration. Whilst participants talked at times about the skills development they had acquired in these areas, they also talked about their new learning in relation to theories and new knowledge that inform these practices.

*I think it has been as E feels more confident. Consolidated more of her knowledge. You see the wee light-bulb click! – she says ‘Yeah I know that’ but actually writing it and getting that level of understanding ‘is great.*  
(confidence, individual interview – manager 2)

*I think for me it’s the fact that I will be qualified, it’s I actually have a qualification to do the job whereas before, I came into this job five years ago and I hadn’t a clue about what I was doing... (confidence, rural focus group)*

*I think the experience of doing the SVQ it has built on our confidence levels and just being more ...more aware of what you are doing and why you are doing it whereas before you did it and you did the same but there is just something in the back of your head that I know what I am doing now. (rural focus group)*

*Part of doing the course is, we are not doing anything really different, I think the knowledge bit was knowing why we do It - the laws etc. ... (confidence, Rural focus group)*

Some people described how they felt more knowledgeable as a result of training, particularly when gaining a qualification, which gave them a stronger sense of identity and confidence as a professional. This was particularly helpful within teams where inter-professional working featured strongly as staff appeared to be able to ‘hold their own’ more readily with other professionals. One manager described his staff member as being more confident following training and particularly so when she gained an SVQ. Within supervision he described how she reflected on her practice, almost not believing her own confidence at having told other professionals what to do and needing initially to check out that this is okay.

*I just told that nurse what should happen – reflecting on it and checking out that’s okay. How can she as a lowly worker talk to a GP like that? She is happy with her new confidence but almost can’t believe it. (confidence, individual interview – manager 2)*

Again, the manager describes a situation where a staff member, following their training experiences, gained confidence to directly engage in a professional manner with colleagues from other disciplines,

*Confidence when out and about on own working with clients, she used to feel bit inferior before, particularly with other professionals. Now she approaches other professionals and lets them know her opinions other than going through me as the manager. confidence, (individual interview – manager 2)*

### **Confidence Developing New Skills**

Skill acquisition was referred to extensively throughout the data and it was clear that participants had developed a range of new skills which they could clearly identify as having given them feelings of greater confidence. Across the data, these included practical skills such as moving and handling and IT skills; communication skills such as assertiveness, listening, record keeping and report writing and finally, subject specific skills such as decision making in child protection, risk assessment and dementia care.

*I listen more and (am)more considerate to the clients' needs. I also have the confidence to question more, if I think things are not quite right. More confident in my own abilities. (confidence, questionnaire)*

Some managers also commented that they had observed greater skill levels in many of their staff following training.

*(She is) happier to accept new referrals. Maybe in allocations meetings before (she would be) more prone not to take the case on. As (her) Manager (I) would have had to go to her and encourage her to take cases on. (She has improved her) observation and assessment skills. (confidence, individual interview – manager 2)*

*I give them more specific feedback now and I've taken that from learning that I've done over the years, but the training that I've done specifically. (individual interview – manager 3)*

Additionally, one participant within a focus group identified that the new knowledge and skill she had learned through doing her SVQ had given her the confidence to question the practice of others and to challenge poor practice if she came across it. This confident attitude was echoed across the group as others agreed that knowing how something should be done based on evidence, rather than it 'always having been done this way' was a great confidence boost to their practice,

*See once you've done your training, you now have the confidence to say this is why I need to do it like this. I must admit at other times, I just thought, you*

*know what, I haven't got the energy to argue with you. Because you know that it's going to go on and on and on.*

*See honestly, see now that I've done my SVQ3 I would have no qualms at all about confronting or if somebody was doing bad practice, honestly I would have no qualms the same. (confidence, central area focus group)*

The researchers sought to understand whether changes in practice, behaviour, attitudes and skill level following training might have been recognised by service users. This was difficult to ascertain without asking the users themselves which was out-with the scope of this study. However, one manager clearly related this to skill levels and did talk about raised confidence in her staff although tempered this by recognising there could be other factors involved,

*....in terms of the centre staff, I do see that when staff have been on training, that their practice I observe is different and I see that sometimes the service users treat them differently because they're treating the service users differently. There's more of a rapport, but I'm not sure whether that is all down to the training. (confidence, individual interview – manager 3)*

## ***Learning Cultures***

A second issue that was particularly highlighted throughout the research was the notion of a learning culture within which people could enhance their learning and thrive. Overwhelmingly, participants described how at all levels and through a range of practical as well as structural methods, their learning was supported both by Perth and Kinross Council and by their peers. One participant noted that the Council, through the SSSC *Codes of Practice* (2003) has a duty to support the learning of staff. This appears to have been achieved through the development of a learning organisation which this particular staff member recognised as the 'other side of the coin' to her responsibility to continue her own learning.

*I think as well when you've done your codes of practice and everything, you know exactly what you are expected to do but you also know what the council are expected to do for you which I think was a good thing as well, it's not just always us learning it's knowing what the council is obliged to do for us as well. (learning culture, central area focus group)*



Senge (1990:3) describe learning organisations as, “Organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to learn together” (p. 3). Learning organisations help to create a culture where staff are encouraged and supported to learn with customs, systems and practices working in tandem to deliver a consistent message. Typically the climate within a learning organisation promotes a free exchange and flow of information and ensures systems are in place so that expertise is available where it is needed. Within the study participants provided many examples where this was the case, being particularly appreciative of the work of assessors, managers and peers.

*Peer mentoring, developing good practice and helping staff know about good practice, supporting the challenge in the role and the manager particularly supporting staff to challenge themselves. (learning culture, individual interview manager 3)*

*You know, my line manager would say, “What do you think about this,” or, you know, we would discuss different things if I wasn’t sure about it or just to get another opinion on it, you know? She was very supportive, yes. (learning culture, individual interview)*

*And, the trainers that we have here, who worked with them were very, very good trainers. I think that’s a large part of it. Because they are committed and enthusiastic. And that does tend to rub off... (learning culture, individual interview – manager 4)*

Positive learning cultures not only encourage learning but also provide people with time to think as well as learn. They encourage autonomous learning yet support this through the availability of resources and expertise. They provide space and time for people to learn at their own pace. Within this study, participants recognised and applauded many of the benefits they felt were available to support their learning both in terms of people and tangible resources,

*But we have got quite a few courses in the council; things like autism and dementia. (learning culture, individual interview – manager 1)*

*Yeah. I mean Perth and Kinross Council I think are really good in their policies and procedures. You know, they have the system that they have, they have **ERIC** which is an online system that you can go into to look up the*

*policies, the corporate policies and procedures. (learning culture, individual interview)*

There also appeared to be a clear understanding, particularly amongst managers within the study, that the creation of a learning organisation – one where people were continually striving to enhance their learning – requires on-going maintenance and encouragement,

*We have a very open way of looking at what we do and I suppose as a manager, I promote a culture of learning, I provide supervision and on-going review and skill development within the team. So, yes, other than the training provided, the culture and the environment within which the staff are working is a great motivator to put the training into practice. (learning culture, individual interview – manager 3)*

Senge (1990) also suggests that within a learning culture, as well as support there needs to be a degree of challenge and critical evaluation of practice. Again there was evidence that some teams worked very hard to create an environment where practice was scrutinised by managers and peers and critical feedback was a 'norm'.

*And I think, combined with the fact that we do very regular supervisions and observations. So that, with the observed practice and, you know, any bad practice or anything that they're not doing. And that's quite good on the staff, correcting one another as well. If people see they're not doing A, B and C, that they will let their line manager know. Then, it filters back up and we find out about it. So, we either put it out on a memo to say, you know, please don't do blah, blah. Or, you know, whatever it is, or arrange some kind of refresher training. (learning culture, individual interview - manager 4)*

Certainly there was a strong message from the Council to many of the participants that training was readily on offer and could be almost 'tailor made' for different circumstances. This availability of learning opportunity encouraged people to continue their learning despite at times some people being initially reluctant.

*Yes, so if there was something I was interested to do, I would actually – it's given me confidence to go on and do more courses whereas when I first started my SVQ I just thought no, I just can't do this and it really upset me and I thought the first few bits were wrong and I can't do this but how it's given me confidence and I've done it and I can go on now and say "I would like to do*

*that course" which before there was no way, it was such a big thing. (learning culture, rural focus group)*

Finally in relation to learning cultures, one participant summed up the benefits not only of the training event but also the on-going learning that occurs in the workplace on a day to day basis in the following statement.

*You're always learning...you know, there always some aspects that you can take out of, you know, different things from other areas... (learning culture, individual interview)*

As has been noted elsewhere within this report, there have been references made to staff becoming more reflective about their practice, observations made about enhanced practice and staff encouraged to embark on more training as a result of very positive training experiences. This culture of learning seems to engender a climate where certainly the staff we talked to did recognise their ability and motivation to continue to learn within an environment that supported this activity.

### ***Supports to Learning***

As is evident in the learning culture discussion above, participants identified numerous supports to learning. Though supports to learning are part of a learning culture, they are addressed separately here due to the volume of comments made about the various supports.

When categorising the data in relation to supports to learning, the researchers noted that both individual and organisational supports were clearly identified by participants as important factors. Organisational supports were sub-divided into supports in relation to people, information and structures. Additionally a final category was identified as 'career advancement' which included individuals reporting their motivation for learning. In respect to gaining a qualification such as an SVQ, registration with the SSSC was generally provided as the primary driver. However, there were suggestions that this would in turn make individuals more attractive for promotion.

*My motivation to get my SVQ3 was that should a job come up within the job I was doing, I would be able to apply for it..... (supports to learning, central area focus group)*

Others recognised it was often dual motivational factors, including not only a need for registration but also for personal satisfaction.

*.....needed to do it for her job and herself....* (supports to learning, individual interview -manager 2)

And finally there was some recognition that whatever the training, there was a potential for improved practice.

*.....mainly for registration purposes, but for care requirements because of the care standards.....* (supports to learning, individual interview – manager 3)

### **Individual Characteristics**

A number of people noted that buddying, mentoring, observing and shadowing others aided their learning as they were able to see practice in action. These models were clearly utilised within a range of learning situations to assist individual and collective learning.

*....I think the best way to learn is somebody showing you, to observe, you show me how to do it and I'll be able to do it, so I've learned loads that way, watching somebody else do something.* (supports to learning, central area focus group)

One manager commented that learning is easier for those who are not only motivated but who also enjoy learning and challenge themselves. Another recognised that if staff have an openness and willingness to embrace change this can be a real supporter for learning.

### **Organisational Supports for Learning**

Lack of access to information, time constraints, isolation and limited availability to learning opportunities have all been seen to potentially curtail learning. The opposites to these however were also identified clearly as supports to learning.

*I mean Perth and Kinross Council I think are really good in their policies and procedures. You know, they have the system that they have, they have **ERIC** which is an online system that you can go into to look up the policies, the*

*corporate policies and procedures. And you could take...you could use a lot...you could relate a lot of what we would do, you know, into that (supports to learning, individual interview)*

The workplace itself was clearly seen as a potential support for learning if the culture was conducive to learning and colleagues helped to provide an environment where learning was valued.

*I really feel that the support that I got from the training department was very good. 'P' in particular, who is the senior trainer...anything I asked, the books she would try her best to get them and give me advice whenever I needed it and 'Z' who was my external verifier, internal supervisor, she would come in to check my work and that, and then it would go to 'P' to be verified. Both of them are really, really good, you know, and very helpful and I have to say that I had a lot of support from my line manager as well. She was very good too. Obviously, ensuring that I've got time, time to do that, you know? (supports to learning, individual interview)*

One manager summed up the climate she creates by describing the expectations she has of staff, not only to reflect on their own learning but be in a position to articulate this with others through a process of sharing,

*There's a monitoring process that goes on and we ask that people explain what they've learned from the training. So, they're asked sort of cycles of learning and putting things into practice. We ask people, we ask staff to write down what they've learned in a sort of synopsis and then other staff have to read it and then it's cascaded back to start. So sometimes, we use staff that go on training to then teach other staff. (supports to learning, individual interview – manager 3)*

This sharing was described within the training itself through the formal and informal networking opportunities that arise as well as in the workplace following training.

*Because they're having to share it with their co-workers, then that is raising the awareness of the issues and people know that people have been on training and they can hear about new ways of working. (supports to learning, individual interview – manager 3)*

Managers talked a lot about creating an environment conducive to learning using a range of illustrative models of practice that support this including supervision, giving and receiving constructive feedback and modelling good practice for staff. Within the environment some managers also included very practical considerations for staff to enable them to learn.

*She had own PC and desk in work – didn't have to do it at home. (supports to learning, individual interview – manager 2)*

It was noted that a strong learning environment can encourage reluctant learners when there is a high expectation of and support for enhanced practice across a team. This was echoed by staff in praise of their managers who they appreciated for the support they offered within such an environment.

*We've got very supportive managers and we are able to put the training into practice. (supports to learning, individual interview – manager 3)*

These iterative cycles of learning are supported by the work of Wenger (1998) in his work on Communities of Practice. His work supports the creation of environments where people with similar interests can come together, virtually or in real space, to share knowledge and experience which has the potential to bring about transformational learning.

Others who were singled out for praise and invaluable supporters to learning were workplace assessors who clearly worked at the pace of the learner, provided challenge, relevant resources and encouragement.

*They did go out of their way you know. They knew they needed to see you to get a bit of work finished then they would slot it in and come later at night or earlier, we were talking like, half past seven in the morning and it wasn't a problem to them, it was really good. (supports to learning, central area focus group)*

One participant tempered this with a word of caution suggesting the 'fit' between learner and assessor is crucial to a successful collaboration. Should the fit not work, it would be best to make alternative arrangements to enable effective learning.

*I did start with a workplace assessor and I thought yeh, this is going to be great but she was learning herself as an assessor and it didn't go very well for me...and then, I went with another assessor and she took over and a just seemed to sail from there. (supports to learning, central area focus group)*

Another participant talked about the need for assessors to be confident in their own knowledge and ability which then inspired confidence in the learner. This was particularly true for reluctant learners and those who were newly engaging in learning again following a substantial break.

A final consideration identified by a wide range of participants in the study was the relevance of any training to the job that people are doing. If participants could identify that what they were learning had the capacity to help them improve their work practices, they were more likely to engage with that learning. One manager, when asked whether she and her staff use what they have learned on training courses in their work, responded by saying,

*Yes we do and we do use what we've learned at work and we embed it within all the work that we do, particularly because it's all related to the work, particularly from the Dementia Centre. (supports to learning, individual interview – manager 3)*

Organisations that employ sound training needs analysis methodologies recognise the importance of tailoring training to meet the specific needs of a diverse workforce. Many of the comments within this study alluded to the specificity of the training on offer and the flexibility within the system to purchase specialist training for both individual staff and teams.

*When we identify specific training for staff and for myself as a manager, I do a training needs analysis on a yearly basis, but I also expect staff to identify the training that they feel that they might need to do their job better. There is a freedom here. (individual interview – manager 3)*

## ***Barriers to Learning***

Results indicated that participants identified a wide range of barriers to learning which the researchers categorised as either being drawn from individual characteristics or organisational constraints. Additionally, there were some barriers

which were identified as specific to individual programmes of study, particularly SVQs.

### **Individual Characteristics as Barriers to Learning**

Some individuals identified individual struggles such as dyslexia or the length of time since they had last studied as particular difficulties for them both to understand and engage with the learning process. Others noted barriers for them being to overcome previous negative learning experiences.

*I do struggle with learning. It was most probably way back in my childhood and that, I sometimes put barriers up and I can't do this (individual characteristic, central area focus group)*

The amount of written work expected, particularly with SV Qualifications posed a problem for some participants. Such was their anxiety that they described how they explored ways to collate their work in other forms.

*So I was contemplating at one time thinking, right if I went to the assessor or the SVQ you know, is it possible if they could maybe let me record, you know, you could have got some student to type it up for you for a tenner or something like that, using a Dictaphone (individual characteristic, central area focus group)*

Two participants acknowledged their inability or lack of motivation to use a computer to complete written work on their programme, which was categorised as a personal barrier to learning.

*I don't really want to use the computer because I don't, I never use the computer at home (individual characteristic, central focus group)*

### **Organisational Barriers to Learning**

There were limited frustrations raised about the organisation as a barrier to learning. However, the key organisational barrier identified was the lack of time available to learn in the workplace, particularly for those in full time employment with additional personal commitments. Whilst recognising the organisation provides protected time for learning, this was described as limited, requiring participants to



slot most of their learning into already busy schedules. This resulted in feelings of inadequacy in the quality of their work.

*...like I feel everything is done in a rush but you don't really get the luxury of time to do things properly* (organisational barrier, individual interview - SH)

A sense of isolation from other colleagues or isolation from information was noted by several participants in one focus group as a barrier to learning with them describing feelings of being cut off and saying, *'you feel that you don't belong to anyone....'* This isolation was expressed as being in a position where they were denied, *'access to anything'* (central focus group) by the organisation, thus suggesting they had few available resources to support their learning. This was most acutely felt by a couple of participants whose e-mail accounts and therefore their access to ERIC had been withdrawn for operational reasons (e.g. home care staff). This lack of access to information and knowledge negatively impacted on both their ability and motivation to learn.

One participant stated a barrier for them was a lack of recognition by the organisation to their prior learning which resulted in them having to undertake what they described as duplicate learning for registration purposes.

*It was like taking a step back* (organisational barrier, central area focus group)

A further frustration and potential barrier to learning was described as the on-going need, particularly in relation to SVQ training, to have practice observed. It appeared that pre-scheduled observation sessions might have to be changed due to service user requirements resulting in postponement and reorganisation. Whilst recognising this dilemma, it was nonetheless seen as a barrier to learning as it prolonged the learning period.

### **SVQ Specific Barriers to Learning**

In relation to SVQ specific barriers, there were significant references to inaccessible language in the documentation used within this qualification. Assessors were described by one participant as the person who had to *'translate'* this information in

order for candidates to understand what was expected of them. (central area, focus group)

*It's a language all of its own (lots of agreement) (SVQ barrier, central area focus group)*

Within one focus group a participant made reference to 'PCs' which were questioned by another person in the group:

*PCs, what's that?*

*It's performance criteria*

*Oh right*

*It's SVQ language that they were talking about* (SVQ barrier, central area focus group)

The layout of SVQ materials were similarly identified by some participants as posing significant barriers to learning:

*The jargon I found quite hard...the way the questions were layed out... if it were written slightly differently I would find it easier (SVQ barrier, rural focus group)*

Finally, effective workplace assessors were described as crucial to both the timescale for completion and the candidates understanding and confidence with the materials. Confident, organised assessors who provide regular supervision were seen as positive supporters to learning whereas if the opposite prevailed, this was described as a real barrier,

*...you need somebody to be confident with what you are bringing to them, because you need that feedback from them and if they're not confident in it, phew, then you're not confident are you? (SVQ barrier, central area focus group)*

### ***Putting the Training into Practice***

In addition to understanding the supports and barriers to learning, we were interested in what facilitated or hindered participants' ability to put the training into practice. Participants were asked if they were able to put the training into practice as well as what supports or barriers they encountered when trying to change their own

practice. Data were drawn from the post-training questionnaires as well as from interviews and focus groups.

### **Barriers to Implementing Training into Practice**

Participants in the study identified some barriers to implementing the training they had experienced although they reported far more enhancement factors which described how they had put what they had learned into practice.

Of the barriers raised by individuals and groups, the main sources of concern were both the lack of staff availability and therefore the lack of time to do more for service users in their everyday work. Whilst recognising that basic standards were met and often raised, many people suggested they could not 'go the extra mile' and accommodate individual need.

*Yes, because there's lots of things you want to do one to one with a client that you really can't. There's not a lot of situations like if you want to take them down the street, we can take them down the street but if it was further afield or anything like that then it's really quite hard because of lack of staff. (barriers to implementation, rural focus group)*

Staff noted they were keen to accommodate individual requests from service users (however challenging!) but whilst having this positive attitude and motivation, there were practical constraints such as lack of staff, preventing them putting it into practice.

*...if they wanted to go bungee jumping we will arrange bungee jumping...but it's not D's fault they can't do it, it just the lack of staff. (barriers to implementation, rural focus group)*

Some staff members were concerned about their inability to meet the emotional as well as practical needs of service users in their own homes who they felt were lonely. They felt that helping some service users to be more self-sufficient following enablement training, through an intensive care experience followed by the withdrawal of care, resulted in greater isolation for the service user. They expressed this being due to a lack of time by them as carers although it could be argued that this function could have been met by a befriender or volunteer.

*One of the things that was lacking from the enablement training was that at the end of the six week period of intensive care during which time they were supposed to be brought up to being as self-determined as they possibly can be and, but at the end of that period suddenly the carers aren't going in anymore and there's a big gap in peoples' lives and especially the ones that are lonely as a lot of their friends are dead and relatives are sometimes dead as well and there isn't, it seems to me at the moment any way, (any attempt) to fill that gap or any effort made to try and fill it. It's just like one minute you've got carers coming in four times a day and the next day – gone. (barriers to implementation, central area focus group)*

A few staff mentioned issues specific to Perth and Kinross Council as potential barriers to the implementation of their learning although mostly these could be applicable to any large organisation and were generally of a practical or procedural nature.

*I think another one (barrier) would be some of the procedural practices that the council have for example, the petrol return and your mileage and you know, to me it's very labour intensive, monitoring how many miles somebody has done, every day. (barriers to implementation, central area focus group)*

*...because it's a big organisation and I mean sometimes that can work against you because of the time factors, you know, that it takes to do things in a corporate way if you like, you know? Sometimes you can do things a bit quicker if you didn't have to follow these procedures but I can understand why.' (barriers to implementation, individual interview)*

Whilst the ERIC system was praised by some staff as an aid to their learning, it appears to rely on staff having a Council e-mail address for access. In some cases this appears to have been withdrawn, thus barring them from both internet access and resources associated with ERIC. This seems to have been replaced by hard copy information which is mailed to staff in their homes which was seen by respondents as a retrograde step and a real barrier to learning and the on-going implementation of their learning,

*You always get up to date information you know on ERIC, you know, ERIC's a really good thing, I love it. Well you're lucky you get it 'cos I used to have a PKC email*

*address, I had it for 10 years and I went into Pullar House one day, sat on a computer to look up something on Eric and got told You can't do that and all our email addresses were taken away which I thought was terrible. (barriers to implementation, central area focus group)*

*We just got everything through the post this Friday there was this thump on the mat, hanging out the envelope there was that much paperwork comes through every week, it's incredible I can't believe the council in a paperless society there must be more paper getting used in the council now. (barriers to implementation, central area focus group)*

Another issue raised as a potential barrier to implementing learning was the attitudes and behaviours of some colleagues. Many staff, following training, recognised that learning brought about change, introducing new ways of working which could challenge previous practice. For those who might not have been on the training or find adaptation to change difficult, this can be threatening. Participants, within their responses, tended to recognise the importance of bringing others along with them however, rather than condemning what they now saw as often outmoded ways of practicing.

*Certainly one of the other bits and because we are working with children, we also have the bit about what if the staff are parents as well bringing up their own children so you kind of, that plays into that whole value bit but you think what we should be doing so they are probably meeting standards as well maybe and maybe no as highly as they could if they had taken on board some of the new things that younger and newer staff are learning and want to bring back to the team and want to try differently. You know, so there is a bit a wee slow gentle bit with some that you are going to try to take them along. (barriers to implementation, central area focus group)*

Some staff were seen as more 'set in their ways' than others and participants talked eloquently about raising standards and feeling able to challenge poor practice, following training. There was however, a genuine desire to work with colleagues, rather than cause friction due to different perspectives, particularly within residential settings where staff recognised the over-riding need to create and maintain a positive atmosphere as this was the home setting for service users. A

need to provide a consistent approach did however seem to prevail, placing the service user at the heart of any co-ordinated approach,

*That's what I was saying earlier on in a small fashion slightly contradicting myself 'cos we do need consistency in some of the houses that we work in because their learning disabilities and their challenging behaviour maybe warrants a consistent approach, you know what I mean, - too many choices – if you've got too many staff going in there with too many different styles then it's like, oh well you know, just confusing, which one of you is it today, do you know what I mean and they will say to you, "so and so doesn't do it like that", you know what I mean.'* (barriers to implementation, central area focus group)

### **Supports for Implementing Training in Practice**

Two important areas identified as real supports to the implementation of learning acquired by participants through training opportunities were the influence of the team and the attitudinal and practical leadership displayed within the organisation. Leadership was often located within the role of the manager and described as the atmosphere or culture created through the development of positive teams.

#### *Leadership as a support to implementation*

Participants saw managers setting standards and helping to create a culture whereby staff were encouraged to challenge practice and implement new learning. This adaptive leadership was achieved through a variety of methods, the main one being the use of regular supervision, as well as observation, critical feedback and identifying the need for remedial training if practice was deemed to be stagnating.

*I think that the home has standards, from the head down, you know the standards when you come in you know that this is how it's done, why it's done and everything like that I think if you've got a bad leader then it impacts all the way down through the chain of command.* (supports to implementation, rural focus group)

*...combined with the fact that we do very regular supervision and observations. So that, with the observed practice and, you know, any bad practice or anything that they're not doing. And that's quite good on the staff, correcting one another as well. If people see they're not doing A, B and C, that they will let their line manager know. Then, it filters back up and we find out about it. So, we either put it out on a memo to*

*say, you know, please don't do blah, blah. Or, you know, whatever it is, or arrange some kind of refresher training.* (leadership, individual interview – manager 4)

One manager described very clearly how he promotes a culture of challenge with staff which stimulates learning both formally through training and informally through on-going enhancement. He recognised that sometimes learning gained from training opportunities is not always implemented immediately following the training, but may take weeks and months to become fully embedded as staff reflect on what they have learned and begin to make sense of its applicability to their practice. Other more practical learning can be implemented immediately, e.g. moving and handling; food hygiene etc. Most managers talked also of systems they have in place to support peer learning such as the encouragement of shadowing, requiring staff to 'cascade' their learning to others and writing up a synopsis of what they have learned for others to read.

*Peer mentoring, developing good practice and helping staff know about good practice, supporting the challenge in the role and the manager particularly supporting staff to challenge themselves. We have a very open way of looking at what we do and I suppose as a manager, I promote a culture of learning, I provide supervision and on-going review and skill development within the team.* (leadership, individual interview – manager 3)

*For example, adult protection, I used it in the short term, the new knowledge that I gained, I was able to share with the staff, but in the longer term, it's become embedded in my practice and we've changed some of the systems and the processes.* (leadership, individual interview – manager 3)

*Our organisation expects us to do supervision and to question people all the time. There's a monitoring process that goes on and we ask that people explain what they've learned from the training. So, they're asked sort of cycles of learning and putting things into practice. We ask people, we ask staff to write down what they've learned in a sort of synopsis and then other staff have to read it and then it's cascaded back to start. So sometimes, we use staff that go on training to then teach other staff.* (leadership, individual interview – manager 3)

### Teams as a support to implementation

Across the study there were many references to the importance of both individual colleagues and collective teams supporting both attendance at training courses and the learning that was gained from these courses. Again, there were references to the importance of creating atmospheres where learning was valued and the enhancement of practice was an expectation enshrined within each person's role. Support seemed to be gained from meeting with, as well as working alongside, colleagues both on a formal and informal basis. For many staff, there was limited time to meet formally with colleagues although such opportunities were clearly valued.

*We have a weekly meeting, the team, there's 24 of us in a team and after the training, immediately after the training, which included team building exercises and days away and stuff like this, the participation in these meetings was very high, you would get maybe 16 or 17 out of the 24 people attending the meetings... (teams, central area focus group)*

This participant went on to say that the numbers attending meetings appeared to drop off the further away from the training they got and described how some people had worked to reignite attendance because of the value they placed on these opportunities to share good practice and experience. Another respondent in the same group suggested the drop off coincided with a poor spell of weather and noted that if such events clashed with days off, this was another barrier to attendance.

Consistently participants, whilst recognising that their work was often hard and some days were more difficult than others, generally enjoyed the support of colleagues and felt able to enhance their practice as well as have a sense of pride in their work. One participant talked of coming in on her day off to support colleagues when a person was dying and needed extra care.

*I don't know, we just all, you get days where everything just goes great whereas there's other days there just something, a spanner goes in the works and everybody just seems to come together especially at palliative care if we've got a palliative care client everybody just seems to come in and it just gels, everybody takes a turn and everybody, it always just works at palliative care when we have palliative care clients, I don't know why but everybody just seems to pull together and we all pull in the same direction. You have to have quality staff but you have to enjoy your job as well.*



*I think that's more important, I don't think you could do this job if you didn't enjoy it, I think that's where the bad practice and things like that comes from because people are doing it just because, I'm on holiday and I've just come in for this, you know what I mean, I don't have to. (teams, rural focus group)*

Evidence of this type of supportive teamwork permeated throughout the study, with clear examples of people learning from one another as they shared their practice and on-going learning with one another. This also provides evidence of an organisation where people can feel confident about the close scrutiny of their work, within an environment where they can make and learn from mistakes, accept constructive feedback and use this both to reflect on and enhance their practice. This approach attunes well with Kolb's Experiential Learning Cycle model (1984) which recognises the value of learning in and from practice (formally and informally) as well as the importance of reflection, feedback, challenge and mistake making.

Finally, as a support to the implementation of training and training outcomes, one respondent highlighted the 'permission' their team have from the wider organisation to organise 'bespoke' training which meets their unique needs,

*...we are a stand-alone service and we're quite unique. We've got a lot of autonomy and freedoms to direct how to go and implement training. So, it's been very helpful that the organisation supports this. (teams, individual interview – manager 3)*

This autonomy was seen as a motivator for staff as well as providing them with the skills, knowledge and abilities to carry out their roles within the organisation for the benefit of service users.

## DISCUSSION

The evaluation sought to document the impact training had on practice within Perth and Kinross Council's social care workforce. Using Kirkpatrick's framework for evaluating training the researchers looked at four levels of potential impact: the trainee's immediate reaction, the trainee's knowledge and skill increases, changes in behaviour, and impact on service users and organisation. Strong evidence was found of an increase in knowledge and skills for participants as well as important changes in practice as reported by participants, their colleagues and managers. Before addressing each of these areas separately in the discussion, it is important to examine several of the key findings – namely increases in confidence and Perth and Kinross as an organisation with a learning culture.

### *The Relationship between Learning Culture and Confidence*

Perhaps the most striking finding of this evaluation centres on increasing confidence of the workforce participating in the training programmes. The theme of increasing confidence repeatedly and consistently occurred across all training programmes, data collection methods and type of participant (e.g., manager or trainee). Had the researchers included the word confidence in any of the data collection instruments or information sheets, one might expect some discussion of confidence. However, the word confidence was not used at all. And yet, participants reported feeling more confident, co-workers noticed an increased confidence and professionalism, and managers also noticed increasing confidence. Though no service users were questioned as part of the evaluation, several examples of practice were given that suggested that some service users may also have noticed a change in confident practice.

The increase in confidence may be related to another important finding of the evaluation. Considerable evidence was found for what could be described as a learning culture within Perth and Kinross Council. This can be seen in the comments that managers made regarding the way in which they manage and supervise their staff members, as well as how they view training and development. In addition, trainees described the “flip-side” of this approach when they described the team and organisational approaches to learning and development. A clear expectation exists concerning learning and development. This encourages the development of

knowledge and skills, which serves to foster the development of a confident and competent workforce. Trainees and managers described working in environments where enhanced practice was a clear organisational expectation and where multiple support mechanisms were in place to sustain this. Interestingly the development of knowledge and skills goes beyond only job-related skills. Participants reported developing knowledge and skills, as well as confidence, in generalised areas. This includes IT skills, learning to learn, and some related how their new skills were transferable to their home environment. The training appears to do more than simply train people to do a specific task or job. It also appears to up skill the workforce across a range of hard and soft skills required for best practice in health and social care settings.

Evidence for a learning culture can be found in participants' expectations about the training on the pre-training questionnaires. Participants were overwhelmingly positive about their potential learning opportunities *prior to* the training. In many organisations mandated training does not carry such positive expectations, and yet, these trainees entered the training expecting to learn new knowledge and skills *and* to change their practice as a result of the training. Only a very small handful of participants responded in a way that would suggest resistance to training or thinking that the training would be a waste of time. Some managers attributed this to a culture within the organisation which provides a broad range of training opportunities for staff at all levels. In many areas this has led to waiting lists for some courses resulting in them being viewed as more desirable and holding a particular kudos. Another factor might be that the volume of training offered by the Council results in the development of a 'critical mass' of positive outcomes in relation to new skills and knowledge development and over time this becomes infectious.

### ***Knowledge and Skill Increases***

The researchers found only a slight increase in knowledge as measured by inventories administered pre- and post-training. However, great gains in knowledge were evidenced by the open-ended questions, interviews, and focus groups. Participants noticed their new knowledge and skills themselves, but also in co-workers. The managers noticed increases in knowledge and skills as well.

A range of new knowledge was reported. The increases included contextual knowledge (the background knowledge needed to do a job), as well as knowledge about how to work with service users. Most telling, though, is that many participants described learning the *WHY* of practice. They went beyond learning how to do tasks, to understanding both the how and the why of practice activities. This deeper understanding is important for a confident and competent workforce. Importantly, understanding the why of practice allows for adaptability in the workforce as workers have the knowledge and skill to adapt and use the knowledge and skills in novel situations. Understanding the why also allows trainees to share their new knowledge more easily with colleagues as they have a new vocabulary to explain more fully. There was evidence from both managers and trainees that co-construction of learning was on-going within the workplace following training. Staff used a range of methods to achieve this such as modelling, cascading knowledge, peer mentoring and providing written accounts of their new learning.

The post-training questionnaires identified a large number of new skills learned by participants. The gains in skills emerge in the focus groups and interviews as well. This supports the more immediate claims by participants that they learned new skills. In addition, managers and peers support an increase in skills.

Though skills for working directly with service users were the dominant category of new skill acquisition, organisational skills were also learned. These included skills required for more effective functioning within the parameters of the workplace. In addition, respondents reported learning skills that were classified as helping to manage oneself in the workplace. This includes reflective practice skills.

### *Changes in Practice*

As important as the increased knowledge and skills are, without some change in behaviour or change in practice (Kirkpatrick's levels 3 and 4), the effectiveness of the training could be called into question. The evaluation found evidence that changes in practice did occur and can be attributed to the training. Evidence was found in the self-reports and practice descriptions of the participants. It was also found in the reports of practice of co-workers and by the managers.

A key change in practice revolved around reflective and professional practice. Participants, colleagues and managers all gave examples of how trainees put the

training into practice and were behaving in more professional, autonomous and confident ways. There was also evidence of putting particular skills from training into practice. This included a range of reablement techniques being implemented, moving and handling skills used, person centred practice approaches, and basic communication skills. In addition, there were examples of putting knowledge and theory into practice through such things as completing better assessments.

### ***Supports and Barriers to Learning***

The primary support for learning was the establishment of a learning culture and all the supports that are embedded within such an ethos. In addition, evidence was found that individual characteristics (e.g., enjoying learning and taking on challenges) were supportive of learning. Several organisational supports that are part of the culture were highlighted as particularly important, including having good workplace assessors, being given dedicated learning time, training courses, peer learning, and good supervision. This latter point was particularly highlighted by managers and trainees as a crucial building block to supporting a culture of learning where attitudes, behaviours, practice and values could be both challenged and praised. Supervision, alongside other professional development tools such as observation and modelling standards, was identified as clear evidence of a structural support to learning offered by the organisation. Further to this, strong leadership, particularly at unit manager and senior social worker level, was seen as positive, helping to drive forward a culture of enhanced practice on behalf of the Council.

A few barriers to learning were also identified. Again, there were some individual characteristics that made it difficult for some people to engage in learning. Many participants had a negative experience in formal education, were afraid of learning, had learning difficulties, or had significant gaps in their previous education. The supports in place for learning seemed to help overcome many of these barriers, e.g., involved training department, good courses, supportive managers, assessors and peers. For many of the participants, the successful completion of training within the local authority reversed years of negative learning experiences. Some of the accounts of shifting from a fear of learning to a new hunger for learning were quite moving. This was most apparent at the SVQ2 level and again was similar to previous findings in *Developing People 1*.

A small number of organisational barriers were identified. Not surprisingly, time was identified as an issue. Participants recognised that the Council did provide dedicated time for learning, but time was still a pressure that made learning more difficult. Several participants also described a barrier to accessing information without a Council e-mail address or access to ERIC from outwith an office. This barrier particularly impacted staff working outwith a Council office (e.g. home care staff).

The final barrier involved SVQ specific barriers. Vocational qualifications are written in a language all of their own. The jargon and unique use of words and acronyms made it difficult for many of the participants. For some participants, learning in general felt like a foreign land. The inaccessible SVQ language added to that sense of being in a foreign land - making it difficult for people to access new knowledge and skills. A strong mitigating factor to this barrier was identified as the quality of assessors provided by the training department. Without their support to help trainees navigate “SVQ land”, those less able and less confident learners would be unable to benefit from this training.

### ***Similarities and Difference to Developing People 1***

The original *Developing People* evaluation emphasised the importance of learning in the workplace and the huge impact training had on participants. This earlier evaluation focused on social care workers in two different service areas within Perth and Kinross Council. In *Developing People 2* we wanted to broaden the types of jobs, settings, and service user groups and this was accomplished. Despite this more diverse context, both evaluations identified similar findings. Increased confidence was an important finding in both evaluations. Many of the participants in both studies were the least skilled or trained people in the social care workforce, despite having direct, important and demanding roles. Providing a positive learning and development experience for these workers has the potential to make important life changing benefits to the employee, as well as to improve services to vulnerable populations being served by the Council.

Interestingly, motivation to engage with training was initially low in *Developing People 1* but in this evaluation participants’ motivation to engage with training seemed high. For example, participants had high expectations and a desire to take further training opportunities. In *Developing People 1* the participants shifted and

became very motivated to learn as they engaged with the training. The reasons cited for this change were identified as training having a relevance to their work and a sense of pride, renewed confidence and recognition by the organisation of their achievement. Such a shift was not required for the participants in *Developing People 2*. This suggests that perhaps a shift in culture has occurred in the time between the first and second evaluations and the high motivation to engage with training is now part of the learning culture of the Council.

Similar supports and barriers were found across both evaluations. For example, both evaluations identified professional support from the organisation as well as personal support and encouragement from friends and family as being important. The support from peers, assessors and team leaders were seen as crucial to successful completion of the qualification. Access to computers at work, particularly internet access was seen as a bonus. In *Developing People 2* further supports were identified including individual characteristics, colleagues and structural supports. This evaluation also identified some personal characteristics, organisational and SVQ specific barriers.

### ***Limitations***

The current study addressed some of the limitations of the *Developing People 1* evaluation by recognising all four levels of Kirkpatrick's evaluation model. It further employed methodology that sought to capture pre-and post-training opinion as well as a wider range of perspectives about changes to skill, knowledge and practice levels. However, this evaluation has several limitations which must be taken into account when noting the results. The primary limitation is the number of participants. The initial design called for a larger sample size. Unfortunately a series of operational and practical difficulties impacted on the number of trainees trained which impacted on the numbers that could be included in the evaluation. For example, major illness within the training team reduced the number of programmes initially targeted for inclusion. Additional courses were added in an attempt to make up the numbers which increased the diversity of courses within the evaluation. The inclement weather during the study period impacted on several of the focus groups and interviews. Rescheduling meetings proved difficult for participants and recruitment uptake was lower than expected generally despite the best efforts of Council staff. Although we do not know what comments these 'missing'

respondents might have made, we might assume that those who did volunteer to provide feedback were particularly positive.

A second limitation involves the knowledge inventory. The inventories were excellent training devices, however, they may have been too easy to be used as robust measures of knowledge gained. Participants tended to answer most of the questions correctly prior to the training, thereby impacting the inventory's ability to measure knowledge gained. Fortunately, the open-ended questions provide rich data regarding their broader views about knowledge gains.



## CONCLUSIONS AND RECOMMENDATIONS

Looking across all the data sources and analysis it is easy to conclude that the training provided by Perth and Kinross Council to its social care workforce has an important impact on the employees and the services they provide to residents of the local authority. The impact on employees can be most viscerally felt when considering those employees undertaking the suite of Scottish Vocational Qualifications. These employees are frequently the face of local authorities across Scotland and provide the bulk of social care. Yet, they have historically been the least trained of the social care workforce. Following the introduction of SVQs in the 1990's and the requirement by the Scottish Social Services Council to register the workforce, a move to redress this lack of training began. The approach taken by Perth and Kinross Council has been to develop a learning culture across all levels of the workforce, including previously often unrepresented social care staff within the workforce. This approach appears to be reaping benefits as trainees at all levels engage with training in an expectant way and there is good evidence for improved knowledge and skills. In addition, employees and managers report enhanced practice as a result of training. These enhancements appear to have positive benefits for individual members of staff, teams, as well as service users. A most significant outcome appears to be the increased level of confidence felt by staff who have embarked on periods of training. This renewed confidence has allowed them to further influence the Council's culture of learning through supporting peers, challenging poor practice and embracing further learning opportunities.

In light of the above findings, we make the following recommendations:

- Continue the investment in training and development for the social care workforce.
- Continue to make available a diverse range of training opportunities both general and specific for individual teams.
- Ensure easy access to internal online Perth and Kinross learning resources, especially to care at home staff and others not office based.
- Continued investment in SVQ2 provision as this qualification acts as a gateway to future learning and development.

- Continue team based approaches to training and development. Training is best implemented in practice when the entire team embraces new ways of training informed practice.
- Continue to support embedding of leadership at all levels of the workforce.
- Ensure practical information regarding job changes and assignments are sufficiently dealt with so that trainees can focus on training.
- Support the workforce to recognise and enhance the culture of learning by providing opportunities to share learning more widely.

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